

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2002****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2002 calendar year, or tax year beginning** 10/01, 2002, and ending 09/30/2003**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

INTERNATIONAL REPUBLICAN INSTITUTE

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1225 EYE STREET, NW

700

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20005

**D** Employer identification number

52-1340267

**E** Telephone number

(202) 408-9450

**F** Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Web site ▶ HTTP://WWW.IRI.ORG/**J** Organization type (check only one) ☒ 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527

- K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? (If "No" attach a list. See instructions.) ☐ Yes ☐ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990 990-EZ or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 27,172,259.**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a**

753,175.

**b** Indirect public support**1b****c** Government contributions (grants)**1c**

25,884,084.

**d** Total (add lines 1a through 1c) (cash \$ 26,637,259. noncash \$ )**1d**

26,637,259.

**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

535,000.

**8a****b** Less cost or other basis and sales expenses

541,335.

**8b****c** Gain or (loss) (attach schedule)

-6,335.

**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d**

-6,335.

**9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12**

26,630,924.

**13** Program services (from line 44, column (B))**13**

22,556,082.

**14** Management and general (from line 44, column (C))**14**

4,065,936.

**15** Fundraising (from line 44, column (D))**15**

53,909.

**16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17**

26,675,927.

**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18**

-45,003.

**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19**

676,722.

**20** Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21**

631,719.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>2,436,513</u> , noncash \$ <u>STMT 13</u> )	22 2,436,513.	2,436,513.		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 474,763.	357,255.	117,508.	
26	Other salaries and wages	26 5,283,802.	3,976,017.	1,307,785.	
27	Pension plan contributions	27 344,055.	258,898.	85,157.	
28	Other employee benefits	28 1,368,280.	1,029,619.	338,661.	
29	Payroll taxes	29 479,761.	361,016.	118,745.	
30	Professional fundraising fees	30 53,909.			53,909.
31	Accounting fees	31 32,750.	10,000.	22,750.	
32	Legal fees	32 149,573.	32,181.	117,392.	
33	Supplies	33 342,764.	247,556.	95,208.	
34	Telephone	34 628,280.	560,448.	67,832.	
35	Postage and shipping	35 189,311.	170,680.	18,631.	
36	Occupancy	36 2,231,108.	1,066,795.	1,164,313.	
37	Equipment rental and maintenance	37 841,259.	709,057.	132,202.	
38	Printing and publications	38 998,464.	909,390.	89,074.	
39	Travel	39 4,377,747.	4,340,361.	37,386.	
40	Conferences, conventions, and meetings	40 1,515,757.	1,506,716.	9,041.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 20,235.		20,235.	
43	Other expenses not covered above (itemize) <u>STMT 1</u>	43a 4,907,596.	4,583,580.	324,016.	
b		43b			
c		43c			
d		43d			
e		43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44 26,675,927.	22,556,082.	4,065,936.	53,909.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)What is the organization's primary exempt purpose? STMT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

What is the organization's primary exempt purpose? <u>STMT 2</u>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a	<u>IRI PROVIDES GRANTS TO SUPPORT THE EFFORTS OF GROUPS WHO ENCOURAGE AND FOSTER DEMOCRATIC INSTITUTIONS THROUGHOUT THE WORLD.</u> (Grants and allocations \$ <u>2,436,513</u> )	22,556,082.
b	<u>-----</u> (Grants and allocations \$ <u>-----</u> )	
c	<u>-----</u> (Grants and allocations \$ <u>-----</u> )	
d	<u>-----</u> (Grants and allocations \$ <u>-----</u> )	
e	Other program services (attach schedule) (Grants and allocations \$ <u>-----</u> )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	22,556,082.

**Part IV Balance Sheets** (See page 24 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	1,090,647.	<b>45</b>	2,268,129.
	<b>46</b> Savings and temporary cash investments . . . . .	286,648.	<b>46</b>	NONE
	<b>47a</b> Accounts receivable . . . . . <b>47a</b> 208,515.			
	<b>b</b> Less allowance for doubtful accounts . . . . . <b>47b</b>	63,055.	<b>47c</b>	208,515.
	<b>48a</b> Pledges receivable . . . . . <b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . . <b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .	1,257,180.	<b>49</b>	1,417,148.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . <b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . . <b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	402,054.	<b>53</b>	456,430.
	<b>54</b> Investments - securities (attach schedule) <b>STMT 3.</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	254,688.	<b>54</b>	NONE
	<b>55a</b> Investments - land, buildings, and equipment basis . . . . . <b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . . <b>55b</b>		<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . <b>STMT 4</b> <b>57a</b> 314,285.				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . . <b>57b</b> 139,810.	123,125.	<b>57c</b>	174,475.	
<b>58</b> Other assets (describe ► )		<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	3,477,397.	<b>59</b>	4,524,697.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	1,106,793.	<b>60</b>	1,681,595.
	<b>61</b> Grants payable . . . . .	1,001,865.	<b>61</b>	740,612.
	<b>62</b> Deferred revenue . . . . .	375,004.	<b>62</b>	1,027,866.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe ► <b>STMT 5</b> )	317,013.	<b>65</b>	442,905.
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	2,800,675.	<b>66</b>	3,892,978.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	540,671.	<b>67</b>	560,697.
	<b>68</b> Temporarily restricted . . . . .	136,051.	<b>68</b>	71,022.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	676,722.	<b>73</b>	631,719.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	3,477,397.	<b>74</b>	4,524,697.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions )

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **▶** ☐ Yes ☒ No  
If "Yes," attach schedule - see page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
	b If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	NONE
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	542,400.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911: NONE, section 4912: NONE, section 4955: NONE		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed: DISTRICT OF COLUMBIA		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	123
91	The books are in care of: THE ORGANIZATION Telephone no: (202) 408-9450 Located at: 1225 EYE STREET WASHINGTON, DC ZIP + 4: 20005		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	NONE

Form 990 (2002)

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory				-6,335.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-6,335.	
105 Total (add line 104, columns (B), (D), and (E))					-6,335.

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has knowledge
	Signature of officer CELESTE E REZAN
Paid Preparer's Use Only	Preparer's signature ARONSON & COMPANY
	Firm's name (or yours if self-employed), address, and ZIP + 4 700 KING FARM BLV ROCKVILLE, MD

JSA

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

INTERNATIONAL REPUBLICAN INSTITUTE

Employer identification number

52-1340267

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRIAN DEAN 1225 EYE STREET, NW WASHINGTON, DC 20005	REGION PROG DIRECTOR 40	92,873.	6,300.	NONE
THOMAS E. GARRETT 1225 EYE STREET, NW WASHINGTON, DC 20005	RESIDENT PROG DIR 40	94,776.	5,854.	NONE
JEFFREY R. KRILLA 1225 EYE STREET, NW WASHINGTON, DC 20005	REGION PROG DIRECTOR 40	93,132.	6,194.	NONE
WALTER L. LLOYD III 1225 EYE STREET, NW WASHINGTON, DC 20005	REGION PROG DIRECTOR 40	90,045.	5,655.	NONE
STEPHEN B. NIX 1225 EYE STREET, NW WASHINGTON, DC 20005	REGION PROG DIRECTOR 40	106,279.	7,099.	NONE
Total number of other employees paid over \$50,000 . . . . . ►	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
STEPTOE & JOHNSON, LLP 1330 CONNECTICUT AVE, NW, WASHINGTON DC	LEGAL	149,573.
Total number of others receiving over \$50,000 for professional services . . . . . ►	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

JSA  
2E1210 1 000

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i or Part VI-B )	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )			
a	Sale, exchange, or leasing of property? . . . . .	2a		X
b	Lending of money or other extension of credit? . . . . .	2b		X
c	Furnishing of goods, services, or facilities? . . . . .	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
e	Transfer of any part of its income or assets? . . . . .	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below ) . . . . .	3	X	
4	Do you have a section 403(b) annuity plan for your employees? . . . . .	4	X	
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments <b>STMT 12</b>				

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions )The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) . . . . .	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	20,107,899	14,723,400	16,371,789	15,331,352	66,534,440
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	1,298	8,314	13,932	14,696	38,240
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .	20,109,197	14,731,714	16,385,721	15,346,048	66,572,680
<b>24</b> Line 23 minus line 17 . . . . .	20,109,197	14,731,714	16,385,721	15,346,048	66,572,680
<b>25</b> Enter 1% of line 23 . . . . .	201,092	147,317	163,857	153,460	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . .					<b>26a</b> 1,331,454
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					<b>26c</b> 66572680
d Add Amounts from column (e) for lines 18 <u>38,240</u> , 19 _____, 22 _____, 26b _____ . . . . .					<b>26d</b> 38,240
e Public support (line 26c minus line 26d total) . . . . .					<b>26e</b> 66534440
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					<b>26f</b> 99.9426 %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) <u>NOT APPLICABLE</u> (1998) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____ c Add Amounts from column (e) for lines 15 _____, 16 _____, 17 _____, 20 _____, 21 _____ . . . . .					<b>27c</b>
d Add Line 27a total _____ and line 27b total _____ . . . . .					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . .					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check ☐ **a** if the organization belongs to an affiliated group  
 Check ☐ **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -      The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	<b>41</b>	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
Lobbying nontaxable amount . . . . .					
<b>45</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable amount . . . . .					
<b>48</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>49</b> Grassroots lobbying expenditures . . . . .					
<b>50</b>					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			<b>NONE</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Yes	No
-----	----

(i) Cash	51a(i)	X
----------	--------	---

(ii) Other assets	a(ii)	X
-------------------	-------	---

**b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(1)	X
---------------------------------------------------------------------------	------	---

(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
-------------------------------------------------------------------	-------	---

(iii) Rental of facilities, equipment, or other assets	b(iii)	X
--------------------------------------------------------	--------	---

(iv) Reimbursement arrangements . . . . .	b(iv)		X
-------------------------------------------	-------	--	---

(v) Loans or loan guarantees .....	b(v)		X
------------------------------------	------	--	---

(vi) Performance of services or membership or fundraising solicitations . . . . .	b(vi)		X
-----------------------------------------------------------------------------------	-------	--	---

c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	c		X
---	--------------------------------------------------------------------------------------------	---	--	---

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .

► ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

[illegible]

FORM 990, PART II - OTHER EXPENSES  
=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
CONTRACTUAL SERVICES	3,959,147.	3,854,842.	104,305.
CONSULTANT FEES	441,514.	441,514.	NONE
INSURANCE	161,384.	9,476.	151,908.
MEMBERSHIP FEES	7,639.	788.	6,851.
SOFTWARE EXPENSES	47,984.	16,581.	31,403.
STAFF TRAINING	16,507.	8,648.	7,859.
BANKING FEES	87,727.	85,306.	2,421.
MISCELLANEOUS	19,269.	NONE	19,269.
SUBCONTRACTS	166,425.	166,425.	NONE
	-----	-----	-----
TOTALS	4,907,596.	4,583,580.	324,016.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE INSTITUTE WAS ESTABLISHED TO ENCOURAGE FREE AND DEMOCRATIC  
INSTITUTIONS THROUGHOUT THE WORLD IN COOPERATION WITH INDIGENOUS  
DEMOCRATIC FORCES.

## FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
US GOVERNMENT SECURITIES	NONE
	-----
TOTALS	NONE
	=====

## LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

			FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
FIXED ASSETS	SL	9,405			9,405.	1,307.	2,089	3,396
SOFTWARE	SL	98,294.			98,294.	82,805.	6,241.	89,046
LHI	SLA	164,284.			164,284.	11,517.	7,789.	19,306
EQUIPMENT	SLA	42,302			42,302.	23,946.	4,116.	28,062.
TOTALS		314,285.			314,285	119,575		139,810



## FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
LONG-TERM LEASE LIABILITY	442,905.
	-----
TOTALS	442,905.
	=====

## INTERNATIONAL REPUBLICAN INSTITUTE

52-1340267

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
GEORGE A. FOLSOM 1225 EYE STREET NW #700 WASHINGTON, DC 20005	PRESIDENT 40	124,550.	4,800.	NONE
GEORGES A. FAURIOL 1225 EYE STREET NW #700 WASHINGTON, DC 20005	VP - STRATEGIC PLAN 40	113,725.	4,400.	NONE
MARGUERITE SULLIVAN 1225 EYE STREET NW #700 WASHINGTON, DC 20005	VP - EXTERNAL AFFAIR 40	113,968.	4,400.	NONE
JOHN MCCAIN UNITED STATES SENATE 241 SENATE RUSSELL OFFICE BUILDING WASHINGTON, DC 20510-0303	CHAIRMAN AS NEEDED	NONE	NONE	NONE
MICHAEL V. KOSTIW GENERAL MANAGER, FEDERAL & INTL RE CHEVRON TEXACO, INC. 1401 I STREET NW #1200 WASHINGTON, DC 20005	VICE CHAIRMAN AS NEEDED	NONE	NONE	NONE
J. WILLIAM MIDDENDORF II 565 WEST MAIN ROAD LITTLE COMPTON, RI 02837	SECRETARY-TREASURER AS NEEDED	NONE	NONE	NONE
GAHL H. BURT 5028 WARREN STREET, NW WASHINGTON, DC 20016	DIRECTOR AS NEEDED	NONE	NONE	NONE

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID DREIER U.S. HOUSE OF REPRESENTATIVES 237 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515	DIRECTOR AS NEEDED	NONE	NONE	NONE
LAWRENCE S. EAGLEBURGER EAGLEBURGER/HOLOCAUST MUSEUM 1300 L STREET NW, 11TH FLOOR WASHINGTON, DC 20005	DIRECTOR AS NEEDED	NONE	NONE	NONE
FRANK J. FAHRENKOPF, JR. PRESIDENT AND CEO AMERICAN GAMING ASSOCIATION 555 13TH STREET NW, STE 1010 EAST WASHINGTON, DC 20004-1109	DIRECTOR AS NEEDED	NONE	NONE	NONE
ALISON B. FORTIER DIRECTOR OF MISSILE DEFENSE SYSTEMS LOCKHEED MARTIN CORPORATION 1725 JEFFERSON DAVIS HIGHWAY, #400 ARLINGTON, VA 22202	DIRECTOR AS NEEDED	NONE	NONE	NONE
JAMES A GARNER MAYOR OF HEMPSTEAD, LONG ISLAND, NY VILLAGE HALL 99 NICHOLS COURT HEMPSTEAD, NY 11550	DIRECTOR AS NEEDED	NONE	NONE	NONE
JIM KOLBE U.S. HOUSE OF REPRESENTATIVES 2266 RAYBURN HOUSE OFFICE BUILDING	DIRECTOR AS NEEDED	NONE	NONE	NONE

## INTERNATIONAL REPUBLICAN INSTITUTE

52-1340267

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
WASHINGTON, DC 20515				
PETER T. MADIGAN GRIFFIN, JOHNSON, DOVER, ET AL. 1300 CONNECTICUT AVE, NW SUITE 600 WASHINGTON, DC 20036	DIRECTOR AS NEEDED	NONE	NONE	NONE
FRED MEYER CHAIRMAN ON THE BOARD ALADDIN INDUSTRIES, LLC 2121 SAN JACINTO ST, STE 895, LB-5 DALLAS, TX 75201	DIRECTOR AS NEEDED	NONE	NONE	NONE
JANET MULLINS GRISSOM VP OF WASHINGTON AFFAIRS FORD MOTOR COMPANY 1250 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR AS NEEDED	NONE	NONE	NONE
ALEC L. POITEVINT II CHAIRMAN SOUTHEASTERN MINERALS, INC. 1100 DOTHAN ROAD BAMBRIDGE, GA 39817	DIRECTOR AS NEEDED	NONE	NONE	NONE
JOSEPH R. SCHMUCKLER CHIEF OPERATING OFFICER NOMURA HOLDINGS AMERICA, INC. 2 WORLD FINANCIAL CENTER NEW YORK, NY 10281	DIRECTOR AS NEEDED	NONE	NONE	NONE
GEN. BRENT SCOWCROFT	DIRECTOR AS NEEDED	NONE	NONE	NONE

## INTERNATIONAL REPUBLICAN INSTITUTE

52-1340267

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PRESIDENT FORUM FOR INTERNATIONAL POLICY 900 SEVENTEENTH STREET, NW, STE 502 WASHINGTON, DC 20006				
MICHAEL GREBE BRADLEY FOUNDATION PO BOX 510860 MILWAUKEE, WI 53203	DIRECTOR AS NEEDED	NONE	NONE	NONE
MARILYN WARE WARE FAMILY OFFICE 125 B LANCASTER AVE. STRASBURG, PA 17579	DIRECTOR AS NEEDED	NONE	NONE	NONE
QUOC-HUY NGUYEN 1225 EYE STREET NW #700 WASHINGTON, DC 20005	FORMER CFO 40	122,520.	8,882.	NONE
SUSAN GOLDING PRESIDENT & CEO, THE GOLDING GROUP 1225 EYE STREET NW #700 WASHINGTON, DC 20005	DIRECTOR AS NEEDED	NONE	NONE	NONE
CHERYL F. HALPERN BROADCASTING BOARD OF GOVERNORS 1225 EYE STREET NW #700 WASHINGTON, DC 20005	DIRECTOR AS NEEDED	NONE	NONE	NONE
WILLIAM J. HYBL CHAIRMAN & CEO EL POMAR FOUNDATION 1225 EYE STREET NW #700	DIRECTOR AS NEEDED	NONE	NONE	NONE

## INTERNATIONAL REPUBLICAN INSTITUTE

52-1340267

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
WASHINGTON, DC 20005				
ROBERT M . KIMMITT EXEC VP, AOL TIME WARNER 1225 EYE STREET NW #700 WASHINGTON, DC 20005	DIRECTOR AS NEEDED	NONE	NONE	NONE
DR. JEANE J. KIRKPATRICK SNR FELLOW, AMERICAN ENTERPRISE INS 1225 EYE STREET NW #700 WASHINGTON, DC 20005	DIRECTOR AS NEEDED	NONE	NONE	NONE
	GRAND TOTALS	474,763.	22,482.	NONE
		=====	=====	=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE PART V, 990

ONLY EXPENSES INCURRED THROUGH PARTICIPATION IN THE ACTIVITIES OF THE INSTITUTE, SUCH AS ATTENDANCE AT THE BOARD MEETINGS, ARE REIMBURSABLE. THE BOARD OF DIRECTORS IS NOT COMPENSATED FOR THEIR PARTICIPATION. OUT OF POCKET EXPENSES INCURRED WHILE CONDUCTING INSTITUTE BUSINESS IS REIMBURSED.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4  
=====

THE INTERNATIONAL REPUBLICAN INSTITUTE OBTAINS RECOMMENDATIONS FROM VARIOUS FEDERAL AGENCIES FOR ORGANIZATIONS WHICH FURTHER THE INSTITUTE'S OBJECTIVES. SENIOR MANAGEMENT REVIEWS ALL RECOMMENDED ORGANIZATIONS PRIOR TO APPROVING THE GRANT.



FORM 990, PART II-SCHEDULE OF GRANTS AND ALLOCATIONS

NAME OF ORGANIZATION	AMOUNT
Argentina: Center for Implementation of Public Policies Promoting Equity	76,000
Bulgaria: Eastern European School	53,700
Burma: National League for Democracy/Liberated Areas-India	50,000
Burma: National League for Democracy/Liberated Areas-Thailand	75,000
Burma: Political Defiance Committee	140,000
Cambodia: Cambodian Center for Human Rights	550,012
China: China Institute for Reform & Development	15,000
China: Dui Hua Foundation	150,000
China: World & China Institute	48,665
Cuba: Cuban Democratic Revolutionary Directorate	533,369
Czech Republic: Czech Civic Democratic Party	35,977
Georgia: New Generation for Georgia	12,400
Kenya: Action Africa Hilfe	10,632
Kenya: Citizens Against Violence	14,500
Mexico: Association Nacional Civica Femenina	107,500
Nicaragua: Hagamos Democracia	146,000
Nigeria: Centre for Responsive Politics	11,000
Nigeria: Institute for Human Rights & Humanitarian Law	8,000
Russia: Altai Krai Foundation	22,800
Russia: Center for Electoral Technologies	40,989
Russia: Center for Political Training & Consulting	49,500
Russia: Civic Accord	47,900
Russia: Kamchatka Independent Technologies	17,700
Russia: League of Women Voters of St. Petersburg	64,000
Russia: Nevsky Research Center	25,000
Russia: United Democratic Center	25,833
Russia: Women's Leadership & Partnership	128,600
South Africa: National Business Initiative	20,358
South Africa: South African Institute of Race Relations	32,000
Zimbabwe: Legal Resource Foundation	78
TOTAL	<u>2,436,513</u>

	DATE ACQUIRED	DATE SOLD	GROSS SALES PRICE	COST OR BASIS	LOSS
INVESTMENT:	VARIOUS	VARIOUS	535,000	541,335	(6,335)

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	<b>INTERNATIONAL REPUBLICAN INSTITUTE</b>	<b>52-1340267</b>
	Number, street, and room or suite no. If a P O box, see instructions	
	<b>1225 EYE STREET, NW</b>	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>WASHINGTON, DC 20005</b>	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 05/17, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning 10/01, 2002, and ending 09/30, 2003

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Craig R. Steiner Title ► CPA Date ► 02/13/2004

For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

<b>Type or print</b>	Name of Exempt Organization		Employer identification number
	INTERNATIONAL REPUBLICAN INSTITUTE		52-1340267
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	1225 EYE STREET, NW		
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WASHINGTON, DC 20005		

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 08/16/2004
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01/2002 and ending 09/30/2003
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension THE TAXPAYER IS AWAITING THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶

Lori P. Stern

Title ▶

CPA

Date ▶

5/13/04

**Notice to Applicant - To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

By \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	Name	
	ARONSON & COMPANY	
	Number and street (include suite, room, or apt. no.) Or a P.O. box number	
	700 KING FARM BLVD., 3RD FLOOR	
	City or town, province or state and country (including postal or ZIP code)	
	ROCKVILLE, MD 20850	